

BRANCH OFFICE REPORT FORM

In compliance with Rule R590-187, Assessment of Title Insurance Agencies and Title Insurers
for Costs Related to Regulation of Title Insurance
NOTIFY INSURANCE DEPARTMENT WITHIN 30 DAYS

Company/Agency Name as Shown on License _____

EIN _____ License or C. of A. No. _____

- ☐ New Branch
☐ Existing Branch, Change of Address
Old Address _____
☐ Existing Branch, Change of Branch Manger
☐ Existing Branch, Change of Other Information _____
☐ Branch Closure

Opening Date of New Branch (mm - dd - yyyy) _____

Date of Branch Closure (mm - dd - yyyy) _____

Branch Mailing Address _____

Branch Locations Address _____

City _____ COUNTY _____

ST _____ Postal Code _____ - _____

Telephone (_____) _____ - _____ Extension _____

FAX (_____) _____ - _____

Branch Office Manager (Last Name, First Name, MI)

Begin Date as Manager (mm – dd - yyyy) _____

End Date As Manager (mm – dd - yyyy) _____

Reported By (Person Authorized to Act) _____

Title _____

Telephone (_____) _____ - _____ Extension _____

E-Mail Address _____